



Initial Application Form
KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM

Department of Housing, Buildings and Construction

101 Sea Hero Road, Suite 100

Frankfort, Kentucky 40601-5405

1. Social Security Number: _____ - _____ - _____ 2. Date of Birth: _____

3. Name _____
Last Name First Name Middle Initial

4. Home Address _____
Street, R.F.D., Box No. Etc. City State Zip Code

5. Inspection Office Address (if different from above)

Title, Dept, Division Street, R.F.D. Box No. etc.

City State Zip Code

6. Work Phone No. () _____ 7. Home Phone No. () _____

8. Are you employed/contracted as a building inspector by a local government? [] YES [] NO
If NO, skip to Item 14.

9. Which category best describes your job responsibilities? See descriptions on Pages 4-8.

_____ One & Two Family Dwelling Inspector _____ Building Inspector, Level I
_____ Plans & Specifications Inspector, Level III _____ Building Inspector, Level II
_____ Mechanical Inspector One & Two Family Dwellings _____ Mechanical Inspector, General
_____ Mechanical Inspector and Plan Reviewer

10. Jurisdiction: City Only _____ in _____ County

County Only _____

Countywide _____

Other Jurisdiction(s) _____

11. Are you the only building official for the above jurisdiction? [] YES [] NO

12. Certified Building Official – Identify certified individual over local building inspection program:

Name: _____

Telephone Number: _____



13. Does your jurisdiction have an ordinance to enforce the One & Two Family Dwelling code? ☐ YES ☐ NO
If you have more than 1 jurisdiction, identify those who enforce this code: _____

14. Certification – Identify the level of certification you are applying for. NOTE: Minimum certification must correspond to job responsibilities identified in Item 9.
- | | |
|--|--|
| <input type="checkbox"/> One and Two Family Dwelling Inspector | <input type="checkbox"/> Mechanical Inspector One & Two Family Dwellings |
| <input type="checkbox"/> Building Inspector, Level I | <input type="checkbox"/> Mechanical Inspector General |
| <input type="checkbox"/> Building Inspector, Level II | <input type="checkbox"/> Mechanical Inspector and Plan Reviewer |
| <input type="checkbox"/> Building Inspector, Level III | |
15. Applicant **MUST** provide at least one (1) of the following credentials:
- A. A notarized copy of high school or general education diploma and
 - 1) a letter from an employer showing three (3) years experience in a responsible, directly-related construction position, such as a foreman, which required the ability to effectively read and interpret building plans and specifications; or
 - 2) a letter from an employer showing three (3) years experience in an architect's or engineer's office performing building design or drafting duties;
 - B. A certified copy of a college or university transcript for an associate degree in a construction related subject.
 - C. A certified copy of a college or university transcript for a bachelor degree in architecture, engineering, fire science or building technology.
16. Have you attempted any of the following NCPCCI test modules prior to submitting this initial application to register in the certification program: 1A, 4A, 1B, 3B, 4B, 1C, 3C, 4C? ☐ YES ☐ NO If YES, attach copy(s) of test score sheet(s).
17. Have you attempted any of the following ICC test modules prior to submitting this initial application to register in the certification program: B-1, B-2, B-3, B-5, M-1, M-2, M-3? ☐ YES ☐ NO If YES, attach copy(s) of the test score sheet(s).
18. Fee: Initial Application \$50.00 (annual renewal required)
19. Enclose a check or money order made payable to the Kentucky State Treasurer. Mail this application form with a check or money order to the Kentucky Certified Building Inspector Program, Department of Housing, Buildings and Construction, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405.
20. By signing and submitting this form, the Candidate accepts and agrees to comply with all conditions of 815 KAR 7:070, The Kentucky Certified Building Inspector Program, and authorizes the Department to verify the candidate's test scores with our authorized agent.

Signature

Date

Review this application carefully. Incomplete applications will be returned without being processed. Read the attached Instructions – they will help you to properly complete this application form.

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

In order to properly register and avoid delay, it is extremely important that the entire application form be carefully and correctly completed. **PLEASE TYPE OR PRINT.**

The following instructions correspond to items on the application form:

1. Social Security Number, i.e. 111-22-3333
2. Birth date, i.e. 01/23/45
3. Print your last name, first name and middle initial. DO NOT USE NICKNAMES. If you use your full middle name, place your first name initial and your full middle name over first name area. WHAT YOU PLACE HERE IS THE WAY YOUR NAME WILL APPEAR ON YOUR CERTIFICATES.
4. Street address, post office box number, route number, city, state, and zip code.
5. Complete this item if address is different from home address.
6. Area code, telephone number at work.
7. Area code, telephone number at home.
8. Answer YES or NO, we need to know if you are employed as a local building inspector. If NO, items 9 thru 13 do not need to be completed.
9. See certification categories on Pages 4-8. Carefully read the descriptions and check the block which best describes your duties as a local building inspector. DO NOT CHECK A HIGHER LEVEL CATEGORY IF YOU DO NOT PERFORM ALL OF THE DUTIES DESCRIBED.
10. Identify the jurisdiction(s) for which you serve as building inspector. For CITY ONLY identify the city and the county in which it is located. COUNTY ONLY refers to county jurisdiction only with no responsibility for any city jurisdictions. COUNTYWIDE refers to responsibility for the entire county including all cities.
11. Answer YES or NO. If you are not certified you are considered a "trainee" and must work under the general supervision of a certified building official.
12. Identify the certified building official who oversees the local building inspection program.
13. Answer YES or NO. We would like to know which local governments are enforcing the One & Two Family Dwelling Code.
14. Identify the level of certification you plan to achieve. NOTE: If you are employed as a local building inspector, minimum certification must correspond to job responsibilities as identified in Item 9.
15. Circle the letter for the credentials you plan to achieve. NOTE: If you are employed as a local building inspector, minimum certification must correspond to job responsibilities as identified in Item 9.
16. Answer YES or NO. If YES, attach copy(s) of test results.
17. Answer YES or NO. If YES, attach copy(s) of test results.
18. The \$50.00 fee must be submitted with application.
19. Read carefully and follow instructions.
20. All applications must be signed to be processed.